From: Kimberly Laughrey

10/12/21, 10:07 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## Foreign Limited Liability Company BC Exchange The Palms Master Tenant LLC

Certificate of Status	Ü
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Page Count	04
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Help

From: Kimberly Laughrey

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

(Name of Foreign	is Master Tenant LLC Timited Liability Company; must include "Limited	H.iahility	Company," "L.L.C.," or "H.C.")			
(If name mayallable, enter alternate o	ame adopted for the purpose of transacting business in Flo	onda the	alternate name must melode "Limited Liability	Company." 'I. L.	C." or "I.I.	C. '}
Delaware 2.		3.	(FLI number, d'a			
(Jurisdiction under the law of w	high toreign limited liability company is organized)		(FLI number, d'a	pplicable)		
4	(Date first transacted business in Florida, if prior to (See sections 605 9904 & 405 9905, F.S. to determi	registration	) lipbdis )			
518-17th Street Suite 1 5. Ostreet Address of Principal Office)	700		518 17th Street, Suite 1700			
(Street Address of Principal Office) Denver CO 80202			Oberver CO 80202	SECI TAI	2021 (	
		•		LAHAS	2021 OCT 12	
7. Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	ecceptable)	SSEE, F		
Name:	C T Corporation System		<del></del>	<u> </u>	37	
Office Address:	1200 South Pine Island Road					
	Plantation	_	33324 , Florida(Zip code)	-		
Registered agent's accep	(Ciţ)		(Zip code)			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ву:	CT Corp James	poration System D. Martin	
		(Registered agent's signature)	James Martin - Assistant Secretary

From: Kimberly Laughrey

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>":</u>	Name and Address:
□Manager	Name: BCExchange Master Tenant LLC	□Manager	Name:	
■Member	Address: 518 17th Street Suite 1700	□Member	Address:	
□Authorized	Denver CO 80202	☐ Authorized		<u></u>
Person		Person		
□Other	Other	□Other		
∐Manager	Name:	•Manager	Name:	
□Member	Address: 518 17th Street Suite 1700	□Member	Address:	
■ Authorized	Denver CO 80202	Authorized		
Person		Person		
☐ Other		Cother		□Other
□Manager	Name: Taylor Paul	Manager	Name:	
□Member	Address: 518 17th Street Suite 1700	□ Member	Address:	
<b>■</b> Authorized	Denver CO 80202	☐ Authorized		
Person		Person		
□Other	Other	□ Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Said Wednet			
	Signature of an authorized person		
Sarah Wadsworth			

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BC EXCHANGE THE PALMS MASTER TENANT

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204380408

Date: 10-11-21